

3281 UTILITY PATENT APPLICATION TRANSMITTAL <small>(Use for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 248254US0X CONT First Inventor or Application Identifier Mitsuo OCHI Title BASE MATERIAL FOR TISSUE REGENERATION, IMPLANT MATERIAL, AND METHOD OF PRODUCING IMPLANT MATERIAL
---	--

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO:	Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)			
2. <input checked="" type="checkbox"/> Specification	Total Sheets	<input type="text" value="42"/>	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)	Total Sheets	<input type="text" value="5"/>	
4. <input checked="" type="checkbox"/> Oath or Declaration	Total Pages	<input type="text" value="4"/>	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i>	<i>i. <input type="checkbox"/> DELETION OF INVENTOR(S)</i> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies			
ACCOMPANYING APPLICATION PARTS			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement	<i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Copies of IDS Citations (4)
10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449			
12. <input type="checkbox"/> Preliminary Amendment			
13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard			
14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i>			
15. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i>			
16. <input checked="" type="checkbox"/> Other: <input type="text" value="Request for Priority"/>			

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation Divisional Continuation-in-part (CIP) of prior application no.: PCT/JP02/07352

Prior application information: Examiner: **Group Art Unit:**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	1/30/04
Name:		Registration No.:	22,013

Docket No. 248254US0X CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Mitsuo OCHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: BASE MATERIAL FOR TISSUE REGENERATION, IMPLANT MATERIAL, AND METHOD OF PRODUCING IMPLANT MATERIAL

FEES TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	28 - 20 =	8	x \$18 =	\$144.00
INDEPENDENT CLAIMS	7 - 3 =	4	x \$86 =	\$344.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,258.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,258.00

Please charge Deposit Account No. 15-0030 in the amount of A duplicate copy of this sheet is enclosed.
 A check in the amount of **\$1,258.00** to cover the filing fee is enclosed.
 Credit card payment form is attached to cover the filing fee in the amount of
 The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.


Norman F. Oblon
Registration No. 24,618
Frederick D. Vastine
Registration No. 27,013

Date: 1/30/04

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)